

**6<sup>th</sup> ASG School Age Services**  
**2003-2004 Before and After School Programs**  
**Request for Care / Preference for Program Locations**

**PURPOSE:** This form is to be completed by patrons interested in enrolling their child(ren) in the 2003-2004 6<sup>th</sup> ASG Before School, After School, or Before and After School Programs. This form is to be completed by the sponsor or family member, for each child to be enrolled.

**REGISTRATION DATES:**

**MONDAY, 29 JULY 03 – FRIDAY, 01 AUGUST 03 HOURS: 0800-1700**

**LOCATION: CYS CENTRAL REGISTRATION: BLDG. 2347 PATCH KASERNE**

**EARLY BIRD REGISTRATION** FOR CURRENT SUMMER CAMP PATRONS AND  
REGULARLY ENROLLED 2002-2003 BEFORE / AFTER SCHOOL PROGRAM  
PATRONS

**MONDAY, 04 AUGUST – FRIDAY, 08 AUGUST 03 HOURS: 0800-1700**

**LOCATION: CYS CENTRAL REGISTRATION: BLDG. 2347 PATCH KASERNE**

**COMMUNITY REGISTRATION** FOR INCOMING PATRONS OR PATRONS WHO WERE  
NOT ENROLLED IN THE 2002-2003 SAS BEFORE/AFTER PROGRAM OR THE 2003  
SUMMER CAMP PROGRAM.

**INSTRUCTIONS:** Complete all requested information and give to the Central Registration Clerk at Patch Barracks, Bldg. 2347. Your application will be time and date stamped to maintain order in which they are accepted.

**NAME OF SPONSOR:** \_\_\_\_\_

**SSN OF SPONSOR:** \_\_\_\_\_

**E-MAIL ADDRESS OF SPONSOR:** \_\_\_\_\_

**E-MAIL ADDRESS OF SPOUSE:** \_\_\_\_\_

**SPONSOR WORK PH:** \_\_\_\_\_ **HOME OR CELL:** \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**GRADE ASSIGNED TO AS OF SEP. 03:** \_\_\_\_\_

**NAME OF SCHOOL CHILD WILL BE ATTENDING:** (circle response)

PATCH ELEMENTARY

BOEBLINGEN ELEMENTARY

ROBINSON BARRACKS ELEMENTARY

**SCHOOL AGE SERVICES LOCATION PREFERENCE:** (circle response)

PATCH SAS

PANZER SAS

RB SAS

KELLEY SAS

## ADDITIONAL REQUESTED INFORMATION

So that we do not need to needlessly duplicate existing files, we would appreciate the following information pertaining to previous program usage. Please circle correct response and fill in any blanks on the questions below.

1. My child did / did not regularly attend the 2002-2003 School Age Services Program as a regular Before School, After School, or Before & After School patron. My child attended approximately from \_\_\_\_\_ to \_\_\_\_\_ (fill in dates) at \_\_\_\_\_ SAS Program. (provide name of SAS location)
2. My child did / did not regularly attend the 2003 School Age Services Summer Camp Program as an enrolled weekly care patron. My child was enrolled from approximately \_\_\_\_\_ to \_\_\_\_\_. (fill in dates)
3. My child does / does not have an IEP or Health Issues that the program should be aware of.

## STATEMENT OF UNDERSTANDING:

I understand that completion of this form does not constitute confirmation of placement. All requests for care are subject to the CYS Waiting List Standard Operating Procedures for Priority for Usage. Priority is given to employees, displaced families, working parent(s), and working parents with full time student spouses. Families where the spouse is not employed will be lower on the priority for care list. Families will be contacted by phone, or electronic mail when offered a position and have 48 hours to accept or decline the placement offer.

\_\_\_\_\_  
PRINTED NAME OF SPONSOR OR FAMILY MEMBER

\_\_\_\_\_  
SIGNATURE

**Important Final Note:** If you expect to be out of the area when registration is scheduled to occur, you may complete and submit this form electronically during the scheduled registration week and CYS will record this as the date/time of application

**Or**

You may call us during the week of registration at 430-7480

**Or**

You may have a trusted friend or co-worker bring it in to Central Registration and we will provide that person with a date stamped copy.

## TO BE COMPLETED BY CYS PERSONNEL:

Date Application was submitted: \_\_\_\_\_ CYS Personnel  
Time Application was submitted: \_\_\_\_\_ Signature: \_\_\_\_\_

